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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Handel, Karen, Christine, ,								
	(b) Address (number and street) 3085 Roxburgh Drive	☐ Check if address changed			nanged		2. Candidate's FEC Identification Number H8GA06286		
	(c) City, State, and ZIP Code						3. Is This New Amended		
	Roswell			GA	3007	6-2460	Statement (N) OR (A)		
4.	Party Affiliation	5. Office Soug	ht				rict of Candidate		
	REPUBLICAN PARTY	House				GA	06		
	DE	SIGNATIO	N OF P	PRINC	IPAL	CAMPAIGN	COMMITTEE		
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)								
	NOTE: This designation should be f	iled with the ap	propriate	office lis	ted in th	ne instructions.			
	(a) Name of Committee (in full)	_							
	Handel for Congress	s, Inc.							
	(b) Address (number and street) 4010 Old Milton Pkwy								
	(c) City, State, and ZIP Code								
	Alpharetta					GA	30005-3422		
	DE				_	THORIZED g Representative	COMMITTEES		
		·							
8.	I hereby authorize the following nan candidacy.	ned committee,	which is N	NOT my	principa	al campaign com	nmittee, to receive and expend funds on behalf of my		
	NOTE: This designation should be f	iled with the pr	ncipal can	npaign c	committe	ee.			
	(a) Name of Committee (in full)								
	Handel for GA-06								
	(b) Address (number and street) PO Box 30844								
	(c) City, State, and ZIP Code								
							20004		
	Bethesda					MD	20824		
	I certify that I have exa	mined this Sta	tement and	d to the	best of i	my knowledge a	nd belief it is true, correct and complete.		
Si	gnature of Candidate						Date		
	andel, Karen, Christine, ,				[Elect	ronically Filed]	06/26/2020		
NO	OTE: Submission of false, erroneous,	or incomplete	informatio	n may s	ubject t	he person signin	ng this Statement to penalties of 2 U.S.C. §437g.		
				1		1			

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES** 

	(Including Joint Fundraising Representatives)								
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	TAKE BACK THE HOUSE 2020								
	(b) Address (number and street) PO BOX 30844								
	(c) City, State, and ZIP Code								
	BETHESDA MD 20824-0844								
}.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
5.	eby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my idacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(a) / Mail 300 (Harrison and Broot)								
	(c) City, State, and ZIP Code								